

Appropriations Committee Hearing

February 23, 2021

Testimony of Dr. James Gill, Chief Medical Examiner, OCME

The Office of the Chief Medical Examiner (OCME) is the only agency in the State that performs medicolegal death investigation. We provide an essential core service and are bound by statute to investigate all deaths that are unexpected, suspicious, unnatural, or a threat to the public health. We continue to see an increase in our death investigations and associated work (Table 1). Our current large increases in reported deaths and cremations are related to the COVID-19 pandemic but even without those deaths, we have seen continuous annual growth in this work. In addition to the COVID-19 deaths in 2020, we have seen a 30% increase in homicides and 13% increase in drug intoxication deaths from 2019.

Fiscally, this translates into more operating costs for the agency including transportation of remains, laboratory and supply needs, and overtime in order to keep up with the day to day volume of death investigations. The increase in work has put a strain on our personnel and facility. We have not had a commensurate increase in the full-time position count to keep up with the amount, pace, and complexity of the work. We have not increased our full-time staff in 4 years and every year have had budget challenges.

We have continued to absorb a great deal of extra work with the same number of staff. I have been impressed with the ability of our staff to take on the extra work but we are just keeping our heads above water. This was somewhat manageable over the short term but it is becoming problematic as it is now long term. We do not anticipate that the work volume of OCME will decrease.

We have been hoping that the number of deaths that we investigate each year will either stabilize or return to the pre-opioid crisis level. They have not. And they are not going to decrease. It is time to face the need for an expansion of the OCME. This is something that I need your help to address. There is a risk for failure of the agency without adequate support. We have begun conversations with OPM regarding this in a phased way over the course of the next 1 to 3 years.

Regarding the present, we are thankful for the proposed baseline adjustment of \$630,000 in the Governor's budget, as this will level out our current deficiency. However, in doing this work myself, week after week, I am able to monitor trends and see the strain on our agency. We fully expect that the OCME will have the need for overtime expenditures and other expenses to keep up with the growing number of death investigations we perform on a daily basis. We anticipate approximately \$350,000 additional will be needed to fully fund our payroll as demonstrated in our budget submission.

We strive to have a thorough and efficient death investigation system for Connecticut – a system that provides important answers in a timely way. Accreditation by the National Association of Medical Examiner (NAME) demonstrates to you and the public whether we are succeeding. We continue to be fully accredited, but are beginning to struggle to meet some of the metrics. We will have a comprehensive site visit in January 2022 and I am concerned about maintaining full accreditation.

Thank you for your support and the opportunity to address the Committee. I am available to answer any questions.

Table 1 Summary of OCME Workload.

	<u>FY2017</u>	<u>FY 2018</u>	<u>FY 2019</u>	<u>FY 2020</u>
Total Accessioned Cases	21,750	22,148	22,748	27,959
Total Certified Deaths	3,698	3,728	4,145	5,050
Total Autopsies	2,402	2,382	2,525	2,908
Cremation Investigation	17,917	18,269	19,058	22,630
Cremation Revenue (\$150 per)	\$2,621,000	\$2,690,000	\$2,778,255	\$3,260,950
Drug Intoxication Deaths (CY)	1,038	1,017	1,200	>1,350